

AA 0488 (03-98)

- c. Any other motor vehicle to the extent that there is valid and collectible Collision Coverage applicable to that damage under any other policy.
2. Directly or indirectly to benefit:
 - a. Any insurer or self-insurer under any of the following or similar law:
 - 1) Workers' compensation law; or
 - 2) Disability benefits law.
 - b. Any insurer of property.
3. Directly to the benefit of the United States or any State or political subdivision thereof.
- D. We do not provide Uninsured Motorists Coverage for punitive or exemplary damages.

LIMIT OF LIABILITY

The limits of liability for you and "family members" and persons designated in the Schedule are different than for other persons.

Subject to the limit of liability as determined by paragraphs A and B below, the limit of Bodily Injury Liability shown in the Declarations for this coverage for each accident is the maximum amount we will pay to all "insureds" for all damages for "bodily injury" resulting from any one accident.

A. Limit of Liability For Bodily Injury To You and "Family Members" and Persons Designated in the Schedule

The limit of Bodily Injury Liability shown in the Declarations for this coverage for each person is the maximum amount we will pay for "bodily injury" sustained by any one person in any one accident, when that "bodily injury" is sustained by you or any "family member" or any person designated in the Schedule. That maximum amount includes any claim of other persons arising out of that "bodily injury".

B. Limit of Liability For Bodily Injury To Other Persons

1. The maximum amount we will pay to an "insured", other than you or any "family member" or any person designated in the Schedule, for "bodily injury" sustained by any person in any one accident is the lesser of a. or b. as follows:

- a. The limit of Bodily Injury Liability shown in the Declarations for this coverage for each person; or
- b. \$30,000.

That maximum amount includes any claim of other persons arising out of that "bodily injury".

2. Subject to this limit for each person, the maximum amount we will pay for all "insureds", other than you or any "family member" or any person designated in the Schedule, for all damages for "bodily injury" resulting from any one accident is the lesser of a. or b. as follows:

- a. The limit of Bodily Injury Liability shown in the Declarations for this coverage for each accident; or
- b. \$60,000.

SCHEDULE

AA 0488 (03-98)

PPA 0008899321-1

02/13/07

INSURED COPY

R

Page 3 of 6

78 982

020049

AA 0488 (03-98)

C. Limit of Liability For Property Damage

Our maximum limit of liability for all damages for "property damage" resulting from any one accident will be the lesser of:

1. The limit of Property Damage Liability shown in the Declarations; or
2. The actual cash value of "your covered auto"; or
3. The amount of any deductible if there is valid and collectible Collision Coverage under any policy.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the loss.

D. The limit of Bodily Injury Liability or Property Damage Liability determined by paragraphs A, B, or C above is the most we will pay regardless of:

1. "Insureds"
2. Claims made;
3. Vehicles or premiums shown in the Declarations;
4. Vehicles involved in the accident;
5. Policies involved; or
6. Premiums paid.

E. The limit of liability shall be reduced by all sums:

1. Paid because of the "bodily injury" or "property damage" by or on behalf of persons or organizations who may be legally responsible. This includes all sums paid under Part A of the policy; and
2. Paid and the present value of all sums payable because of the "bodily injury" under any workers' compensation law exclusive of non-occupational disability benefits.

F. We will not make a duplicate payment under this coverage for the same element of loss that has been paid by or on behalf of persons or organizations who may be legally responsible. This includes all sums paid under Part A of the policy.**G. We will not make a duplicate payment under this coverage for the same element of loss that has been paid under any automobile medical payments coverage. This includes all sums paid under Part B of the policy.****H. We will not make a duplicate payment under this coverage for the same element of loss that a person is entitled to receive payment for under any workers' compensation law exclusive of non-occupational disability benefits.****OTHER INSURANCE**

If there is other applicable uninsured motorists coverage available under one or more policies or provisions of coverage:

1. Any recovery for damages may equal but not exceed the highest applicable limit for any one vehicle under this insurance or any other insurance providing coverage on either a primary or excess basis.

In addition, if any such coverage is provided on the same basis, either primary or excess, as the coverage we provide under this endorsement, we will pay only our share. Our share is the proportion that our limit of liability bears to the total of all applicable limits for coverage provided on the same basis.

2. Any coverage we provide with respect to a vehicle you do not own shall be excess over any other collectible uninsured motorists coverage.

AA 0488 (03-98)

PPA 000899321-1

02/13/07

INSURED COPY

R

Page 4 of 6

78 983

020050

ARBITRATION

AA 0488 (03-98)

A. If we and an "insured" do not agree:

1. Whether that person is legally entitled to recover damages under this coverage; or
2. As to the amount of damages;

then the matter will be settled by arbitration. Such arbitration may be initiated by a written demand for arbitration made by either party. The arbitration shall be conducted by a single neutral arbitrator. With respect to "property damage", arbitration proceedings must be formally instituted by the "insured" within 1 year from the date of the accident. Disputes concerning coverage under this part may not be arbitrated.

B. Each party will:

1. Pay the expenses it incurs; and
2. Bear the expenses of the arbitrator equally.

C. Any decision of the arbitrator will be binding as to:

1. Whether the "insured" is legally entitled to recover damages; and
2. The amount of damages.

II. DUTIES AFTER AN ACCIDENT OR LOSS

Paragraph C. of Part E is replaced by the following:

C. A person seeking Uninsured Motorists Coverage must also:

1. Promptly notify the police if a hit-and-run driver is involved.
2. Send us copies of the legal papers if a suit is brought.

A person seeking coverage for "bodily injury" sustained in an accident involving a vehicle described in section 2. of the definition of "uninsured motor vehicle" must:

1. Provide us with a copy of the complaint by personal service or certified mail, if the "insured" brings action against the owner or operator of the "uninsured motor vehicle".
2. Within a reasonable time, make available all pleadings and depositions for copying by us or furnish us copies at our expense.
3. Provide with proof that the limits of liability under any applicable liability bonds or policies have been exhausted by payment of judgments or settlements.

A person seeking Uninsured Motorists Coverage for "property damage" must also notify us or our agent within 10 business days of the accident.

III. GENERAL PROVISIONS

Part F is amended as follows with respect to Uninsured Motorists Coverage:

A. The Legal Action Against Us provision is replaced by the following:

LEGAL ACTION AGAINST US

No legal action may be brought against us until:

1. There has been full compliance with all the terms of the policy; and

AA 0488 (03-98)

PPA 0008899321-1

02/13/07

INSURED COPY

R

Page 5 of 6

78 984

020051

AA 0488 (03-98)

2. With respect to an accident involving a vehicle described in items 1., 3. and 4. of the definition of "uninsured motor vehicle", one of the following actions are taken within 1 year from the date of the accident:
- Agreement as to the amount due under this coverage has been concluded;
 - The "insured" or his legal representative has formally instituted arbitration proceedings by notifying us in writing. Such notification must be sent by certified mail, return receipt requested; or
 - Suit for "bodily injury" has been filed against the uninsured motorist in a court of competent jurisdiction. Written notice of the suit must be provided to us within a reasonable time after the "insured" knew or should have known of the uninsured status of the other motorist. In no event will such notice be required before one year from the date of the accident. Failure of the "insured" or his representative to provide such notice will not be a basis for a denial of coverage unless such failure prejudices our rights.
- B. The Our Right To Recover Payment provision is amended as follows:

OUR RIGHT TO RECOVER PAYMENT

- Paragraph A. of this provision does not apply to coverage under item 2. of the definition of "uninsured motor vehicle".
- Paragraph B. of this provision does not apply to coverage under items 1., 3. or 4. of the definition of "uninsured motor vehicle".

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Copyright, Insurance Services Office, Inc. 1996

AA 0488 (03-98)

PPA 0008899321-1

02/13/07

INSURED COPY

R

Page 6 of 6

78 985

020052

PP 0305 (08-86)

LOSS PAYABLE CLAUSE

Loss Payee:

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations or in this endorsement. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto". However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

This endorsement must be attached to the Change Endorsement when issued after this policy is written.

Copyright, Insurance Services Office, Inc., 1980

PP 0305 (08-86)

PPA 000889321-1

02/13/07

INSURED COPY

R

78 986

020053

INSURANCE IDENTIFICATION CARDS
PLEASE KEEP A CARD IN EACH VEHICLE
DO NOT USE IF YOUR POLICY OR COVERAGE IS NOT IN FORCE

PERSONAL INSURANCE
SERVICE CARDS FOR
YOUR WALLET OR PURSE

INSURANCE IDENTIFICATION CARD
(California)
KEEP THIS CARD IN YOUR VEHICLE
 Policy No. **PPA 0008899321-1**
 Account No: **618521618**

AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: **10/27/00** to **10/27/01**

This Card effective: **10/27/00**

Veh: **1 86 HONDA**

JHMB5430GC088837

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057
INSURED

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.

POLICY NUMBER PPA 0008899321-1
ACCOUNT NUMBER 618521618

Customer Service & Claims: 1-800-282-1446

INSURANCE IDENTIFICATION CARD
(California)
KEEP THIS CARD IN YOUR VEHICLE
 Policy No. **PPA 0008899321-1**
 Account No: **618521618**

AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: **10/27/00** to **10/27/01**

This Card effective: **10/27/00**

Veh: **1 86 HONDA**

JHMB5430GC088837

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057
INSURED

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.

POLICY NUMBER PPA 0008899321-1
ACCOUNT NUMBER 618521618

Customer Service & Claims: 1-800-282-1446

EVIDENCE OF INSURANCE IS REQUIRED WITH REGISTRATION RENEWAL

Effective January 1, 1997, you are required to have liability insurance to register your vehicle. When you renew your vehicle registration you will be required to submit evidence of insurance with your payment for the renewal transaction. Evidence can be in the form of your insurance ID card (a photocopy is acceptable). Evidence of insurance is not required with registration renewal of off-highway vehicles, trailers, vessels, or if you file a planned non-operation (PNO) on the vehicle. If you do not have evidence of insurance, contact your insurance company.

Motor Carriers of property as defined in CVC34601 may provide a statement that the carrier has evidence of insurance on file for this vehicle with PUC or DMV pursuant to CVC34630.

You may be requested by a peace officer to show evidence of insurance during a traffic stop or at an accident. Each owner is required to carry written evidence of liability insurance in each vehicle. Note: Comprehensive and Collision Insurance covers your damages only, and does not meet the liability insurance requirement.

Vehicle Code Sections: 4000.37, 16020, and 16028. **DOCUMENTS SUBMITTED TO DMV WILL NOT BE RETURNED**

ID 0004 (03-97)
 DIRECT BILL 78NU 07044

INSURED COPY

618521618

78

987

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.

INSURANCE IDENTIFICATION CARDS
PLEASE KEEP A CARD IN EACH VEHICLE
DO NOT USE IF YOUR POLICY OR COVERAGE IS NOT IN FORCE

PERSONAL INSURANCE
SERVICE CARDS FOR
YOUR WALLET OR PURSE

INSURANCE IDENTIFICATION CARD
 (California)
KEEP THIS CARD IN YOUR VEHICLE
 Policy No. PPA 0008899321-1
 Account No: 618521618

AMCO INSURANCE COMPANY
 701 5TH AVE
 DES MOINES IA 50391-2000

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: 10/27/00 to 10/27/01

This Card effective: 10/27/00

Veh: 4 99 CHEVLT

1GNEK13R9XR150279

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057
INSURED

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
POLICY NUMBER PPA 0008899321-1
ACCOUNT NUMBER 618521618
Customer Service & Claims: 1-800-282-1446

INSURANCE IDENTIFICATION CARD
 (California)
KEEP THIS CARD IN YOUR VEHICLE
 Policy No. PPA 0008899321-1
 Account No: 618521618

AMCO INSURANCE COMPANY
 701 5TH AVE
 DES MOINES IA 50391-2000

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: 10/27/00 to 10/27/01

This Card effective: 10/27/00

Veh: 4 99 CHEVLT

1GNEK13R9XR150279

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057
INSURED

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
POLICY NUMBER PPA 0008899321-1
ACCOUNT NUMBER 618521618
Customer Service & Claims: 1-800-282-1446

EVIDENCE OF INSURANCE IS REQUIRED WITH REGISTRATION RENEWAL

Effective January 1, 1997, you are required to have liability insurance to register your vehicle. When you renew your vehicle registration you will be required to submit evidence of insurance with your payment for the renewal transaction. Evidence can be in the form of your insurance ID card (a photocopy is acceptable). Evidence of insurance is not required with registration renewal of off-highway vehicles, trailers, vessels, or if you file a planned non-operation (PNO) on the vehicle. If you do not have evidence of insurance, contact your insurance company.

Motor Carriers of property as defined in CVC34601 may provide a statement that the carrier has evidence of insurance on file for this vehicle with PUC or DMV pursuant to CVC34630.

You may be requested by a peace officer to show evidence of insurance during a traffic stop or at an accident. Each owner is required to carry written evidence of liability insurance in each vehicle. Note: Comprehensive and Collision Insurance covers your damages only, and does not meet the liability insurance requirement.

Vehicle Code Sections: 4000.37, 16020, and 16028. **DOCUMENTS SUBMITTED TO DMV WILL NOT BE RETURNED**

ID 0004 (03-97)
 DIRECT BILL 78NU 07044

INSURED COPY

618521618

78

989

200 (05-04) 06

020056

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.

DIRECT BILL 78NU 07044

INSURED COPY

618521618

78

990

020057

INSURANCE IDENTIFICATION CARDS
PLEASE KEEP A CARD IN EACH VEHICLE
DO NOT USE IF YOUR POLICY OR COVERAGE IS NOT IN FORCE

PERSONAL INSURANCE
SERVICE CARDS FOR
YOUR WALLET OR PURSE

INSURANCE IDENTIFICATION CARD
(California)
KEEP THIS CARD IN YOUR VEHICLE

AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000

Policy No. **PPA 0008899321-1**
 Account No: **618521618**

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: **10/27/00 to 10/27/01**

This Card effective: **10/27/00**

Veh: **5 67 VOLKS**

367178038

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



INSURANCE IDENTIFICATION CARD
(California)
KEEP THIS CARD IN YOUR VEHICLE

AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000

Policy No. **PPA 0008899321-1**
 Account No: **618521618**

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

Policy Period: **10/27/00 to 10/27/01**

This Card effective: **10/27/00**

Veh: **5 67 VOLKS**

367178038

HRH OF NORTHERN CALIFORNIA

NOVATO CA 94945-5057

This evidence of insurance may be used if requested by a peace officer to show evidence of insurance during a traffic stop or at an accident.



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057

INSURED RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.

POLICY NUMBER PPA 0008899321-1

ACCOUNT NUMBER 618521618

Customer Service & Claims: 1-800-282-1446



HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057

INSURED RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.

POLICY NUMBER PPA 0008899321-1

ACCOUNT NUMBER 618521618

Customer Service & Claims: 1-800-282-1446

EVIDENCE OF INSURANCE IS REQUIRED WITH REGISTRATION RENEWAL

Effective January 1, 1997, you are required to have liability insurance to register your vehicle. When you renew your vehicle registration you will be required to submit evidence of insurance with your payment for the renewal transaction. Evidence can be in the form of your insurance ID card (a photocopy is acceptable). Evidence of insurance is not required with registration renewal of off-highway vehicles, trailers, vessels, or if you file a planned non-operation (PNO) on the vehicle. If you do not have evidence of insurance, contact your insurance company.

Motor Carriers of property as defined in CVC34601 may provide a statement that the carrier has evidence of insurance on file for this vehicle with PUC or DMV pursuant to CVC34630.

You may be requested by a peace officer to show evidence of insurance during a traffic stop or at an accident. Each owner is required to carry written evidence of liability insurance in each vehicle. Note: Comprehensive and Collision Insurance covers your damages only, and does not meet the liability insurance requirement.

Vehicle Code Sections: 4000.37, 16020, and 16028. **DOCUMENTS SUBMITTED TO DMV WILL NOT BE RETURNED**

ID 0004 (03-97)
 DIRECT BILL 78NU 07044

INSURED COPY

618521618

78

991

200 (05-04) 00

020058

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.

THIS IDENTIFICATION IS REQUIRED TO BE IN EACH INSURED VEHICLE AT ALL TIMES. USE ONLY IF COVERAGE IS CURRENTLY IN FORCE.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness
2. Name of Insurance Company and policy number for each vehicle involved.
3. License numbers of other vehicles.
4. Fix in your mind locations of vehicles before and after the accident. Take pictures if possible, or draw a diagram of the accident site.
5. Inform police and obtain name and badge number of investigating officer.

NOTE: Do not express an opinion as to who was at fault. Do not sign any statement or allow your version of the accident to be recorded except by an identified representative of your company, or as required by the authorities.



**Allied
Insurance**

a Nationwide® company
On Your Side™

AGENCY - 84 - 35720
HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945

AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000

24

US FIRST FEDERAL CREDIT UNION
FOUR APPLETREE SQUARE
BLOOMINGTON MN 55425-1642

INSURED
RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837
LOAN NUMBER:

PERSONAL AUTO POLICY NUMBER

PPA 0008899321-1

LOSS PAYEE, MORTGAGEE OR OTHER INTEREST INFORMATION

The enclosed material provides loss payee, mortgagee, or other interest information pertaining to your client.

JL0008L (02-93)

DIRECT BILL 78NU 07044

R 618521618

993

020060



AMCO INSURANCE COMPANY
701 5TH AVE
DES MOINES IA 50391-2000
1-515-280-4211

PERSONAL AUTO POLICY

AGENCY 001 HRH OF NORTHERN CALIFORNIA
NOVATO CA 94945-5057

DECLARATIONS AMENDED

NAMED INSURED AND ADDRESS

RAYBURN, CHRISTINE D.
RAYBURN JR, MALCOLM W.
2 SINALOA CT
NOVATO CA 94947-3837

POLICY NUMBER
PPA 0008899321-1
ACCOUNT NUMBER
618521618

Policy Period
From: 10/27/00 To: 10/27/01
12:01 A.M. Standard Time
Effective Date of Change

COVERAGE AND LIMITS OF LIABILITY (In Dollars)

Coverage is provided where a premium or limit of liability is shown for coverage.

COVERAGE AND LIMITS OF LIABILITY (In Dollars)										
Coverage is provided where a premium or limit of liability is shown for coverage										
VEHICLE	BODILY INJURY		PROPERTY DAMAGE	MEDICAL PAYMENTS	PERSONAL INJURY PROTECTION		UNINSURED MOTORISTS			
	EACH PERSON	EACH ACCIDENT	EACH ACCIDENT	EACH PERSON	OPTION		EACH PERSON	EACH ACCIDENT		
1	100,000	300,000	50,000	5,000			100,000	300,000		
4	100,000	300,000	50,000	5,000			100,000	300,000		
5	100,000	300,000	50,000	5,000			100,000	300,000		
VEHICLE	DAMAGE TO YOUR VEHICLE			TOWING	RENT RE TRN EXP					
	Other Than Collision Loss	Collision Loss		PER DISABLEMENT	PER DAY/ MAXIMUM					
	Actual Cash Value Minus Deductible									
1	500	500		50	30/ 900					
4	500	500		50	30/ 900					
5										
PREMIUMS (In Dollars)										

PREMIUMS (In Dollars)

VEH	BODILY INJURY	PROPERTY DAMAGE	MEDICAL PAYMENTS	PERSONAL INJURY PROTECTION	UNINSURED MOTORISTS	DAMAGE TO YOUR VEHICLE		TOWING	RENT RE TRN EXP
						Other Than Collision Loss	Collision Loss		
1	305.52	195.12	31.54		77.50				
4	261.32	166.98	19.32		66.42	41.18	163.56	3.20	19.20
5	155.18	99.34	16.12		39.82	69.60	325.72	3.20	19.20
VEH					COLLISION DEDUCTIBLE BUY BACK				
1					7.88				
4					7.88				
5									
VEH	Total Premium Each Vehicle	Other Miscellaneous Endorsements Requiring Premium:			Sub-Total				
		No.			Other Endorsements/Fees				
1	844.70				\$ 2,094.80				
4	939.64				\$				
5	310.46				\$				
					Full Term Premium				
					\$ 2,094.80				
					Add'l Premium				
					\$				
					Return Premium				
					\$				

THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT
Page 1 of 2

DIRECT BILL 78NU 07044

LOSS PAYEE COPY

Countersigned by - Authorized Representative

R 618521618 78 994

020061

DESCRIPTION OF VEHICLE

VEH	Year	Trade Name	Body Type and Model	Identification Number	Cost/New	Max Value	HP	CC's	Class
1	1986	HONDA	4 DOOR	JHMB A5430GC088837					
4	1999	CHEVLT	4 DOOR	1GNEK13R9XR150279					G11121
5	1967	VOLKS	2 DOOR	367178038					G1112V G11420

ALTERNATE GARAGING LOCATIONS

VEH	Year	Make	Body Type and Model	Address
1	1986	HONDA	ACCORD LX	
4	1999	CHEVLT	TAHOE BASE	
5	1967	VOLKS	SQUARE BAC	

ENDORSEMENTS

Endorsements forming a part of this policy: IN0002 (0397) IN0263 (1199) IN0521 (0794) IN0531 (1299) IN0532 (0191)
 IN0542 (1097) IN0590 (0200) AA0001 (0986) AA0001A (1098) AA0007 (1192) AA0008A (1199) AA0073 (0697) AA0078 (0995)
 AA0169 (1299) AA0170 (0398) AA0303 (0699) AA0488 (0398) PP0305 (0886) SN0559C (1299)

Loss Payee: INTEREST IS AUTO 4

Designee

US FIRST FEDERAL CREDIT UNION
 FOUR APPLE TREE SQUARE
 BLOOMINGTON MN 55425-1642

NOTICE TO LOSS PAYEE:

This policy will be extended for successive policy periods on payment of the required premium when due. You will be notified:
 a. If the continuation premium is NOT paid and the policy lapses.
 b. If the policy is cancelled for non-payment of any other required premiums.
 c. Of changes affecting your interest.

PP 0305 (08-86)

LOSS PAYABLE CLAUSE

Loss Payee:

Loss or damage under this policy shall be paid, as interest may appear, to you and the loss payee shown in the Declarations or in this endorsement. This insurance with respect to the interest of the loss payee, shall not become invalid because of your fraudulent acts or omissions unless the loss results from your conversion, secretion or embezzlement of "your covered auto". However, we reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this agreement as to the loss payee's interest. We will give the same advance notice of cancellation to the loss payee as we give to the named insured shown in the Declarations.

When we pay the loss payee we shall, to the extent of payment, be subrogated to the loss payee's rights of recovery.

This endorsement must be attached to the Change Endorsement when issued after this policy is written.

Copyright, Insurance Services Office, Inc., 1986

PP 0305 (08-86)

PPA 0008899321-1

02/13/07

LOSS PAYEE COPY

R

78 996

020063